

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040615

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 105

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 23 1963

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fredericktown		c. CITY OR TOWN Fredericktown	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b 18 months		d. STREET ADDRESS 308 Saline	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Madison Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) James Walter Simmons			4. DATE OF DEATH Month October Day 18 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-15-1881	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber - Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Asheville, N. Carolina	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Preston Simmons		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Ethel Simmons (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. L. rue Unsbee - Fredericktown, Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conjunctive Heart Failure DUE TO (b) Arteriosclerotic Cardiovascular Disease DUE TO (c) Pulmonary Fibrosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Fibrosis PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Fredericktown, Missouri	
20g. COUNTY Livingston County, Illinois		20h. STATE Illinois	

21. I attended the deceased from July 1962 to Oct. 18, 1963 and last saw him alive on Oct. 18, 1963 Death occurred at 2:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Arthur D. Mercom (Degree or title)		22b. ADDRESS 115 So. Wood Avenue Fredericktown, Missouri		22c. DATE SIGNED 10-19-63	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-20-1963		23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery		23d. LOCATION (City, town, or county) Livingston County, Illinois	
24. FUNERAL DIRECTOR A. J. Edmonson		ADDRESS Fredericktown, Mo.		25. DATE RECD. BY LOCAL REG. 10-21-63		26. REGISTRAR'S SIGNATURE Glorance Hicks Ben. Lucille. Waterbury	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. H. Pearson*

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.